		Connecticut Dep	artment of	Public H	<b>lealth</b>	$\mathbf{D}$	rinki	ng W	'ater	Se	ction	
		Water Ou	ality Monit	oring an	d Con	npl	liance	e Sch	edul	e		
PWS ID		PWS Name	<u>J</u>	- 0 -		_	ssificatio				er Type I	Primary Source
CT028001	14	COLCHESTER BIBLE BAPTIS	T CHURCH				NC		26		P	GW
Local Add	lress (\	vhere applicable)		Service	Residen	ntial	Comme	ercial I	ndustri	al	Combined	Agricultural
34 CHEST	NUT H	ILL ROAD		Connections			1					
Towns Se	rved:	COLCHESTER			-					1		
			Monito	oring Requ	uireme	nts	;					
Water Sy	ystem	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Co	oliforn	n (3100)							1	rou	tine (RT)	per quarter
Sam	pling I	Point (Sampling Point ID)			Monitori	ing F	Period	Collec	tion Pe	riod	Comp	liance Status
Sele	ct fron	n Inventory of Active Sampli	ng Points		10/1/18	- 12/	/31/18				С	omplete
					1/1/19	- 3/3	31/19					
					4/1/19	- 6/3	0/19					
					7/1/19	- 9/3	0/19					
-		meters (PPS)							1	rou		per quarter
		Point (Sampling Point ID)			Monitori			Collec	tion Pe	riod		liance Status
Sele	ct fron	Inventory of Active Sampli	ng Points		10/1/18		-				С	omplete
					1/1/19							
					4/1/19							
					7/1/19	- 9/3	0/19					
		Facility: ENTRY POINT	(WSF ID: 00700)									
		litrite (NOX)									_	RT) per year
		Point (Sampling Point ID)			Monitori			Collec	tion Pe	riod		liance Status
ENTI	RY POI	NT (3)			1/1/18 -						С	omplete
					1/1/19 -							
					1/1/20 -	12/3	31/20					
		Water	System Facili	ity and Sa	mpling	Po	int In	vento	ry			
Water								Total	Lead			
-		er System Facility	Sampling Point		int		(	Coliform				Stage
Facility II			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTIO			Α	Υ				
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 SE	RVICE CO	N	Α					
00700	ENT	RY POINT	3	ENTRY POINT	Γ		Α					
20523	WEL	-	2	WELL			Α					
			Con	tact Infor	mation	1						
Name			0	rganization							Job Title	
Mr. Mark	Love		Co	olchester Bible	Baptist C	Ch		Pa	stor			
Mailing A	ddress	Line One	Mailing Addres	s Line Two				(	City		State	Zip Code

**Mobile Phone** 

Colchester

PASTOR@COLCHESTERBIBLE.ORG

Emergency Phone Email Address

06415

38 Chestnut Hill Road

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

**Business Phone** 

860-537-1050

	Connecticut	Depa	rtment	of Public	Health	Dri	nking	g Water	Section	
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	e	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0280014	COLCHESTER BIBLE	BAPTIST	CHURCH			1	NC	26	Р	GW
Local Address (w	nere applicable)			Service	Resider	tial C	ommerci	ial Industri	al Combine	ed Agricultural
34 CHESTNUT HII	L ROAD			Connection	ns		1			
Towns Served: Co	OLCHESTER									
Name				Organization					Job Title	9
Colchester Bible	Baptist Church									
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
34 Chestniut Hill	Rd						Colche	ester	СТ	06415
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phon	e Email	Address	,	
Contact Role(s):	Owner									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	cticut Department	of Public F	lealth I	Orinki	ng V	Vater S	ection	
		Water Quality Mon							
PWS ID	PWS Nam		itoring an					vner Type Pi	rimary Sourc
CT0280024		LICE FLEET MAINTENANCE			NC	011 1 0	25	S	GW
Local Address (\			Service	Residentia		ercial	Industrial	Combined	Agricultura
MILL HILL ROAD		cabicy	Connections	Residentia	1		maastriai	Combined	7.61104104
Towns Served: (		R				•			
			itoring Requ	uiremen	ts				
Water System	Facility:	DISTRIBUTION SYSTEM (WS							
Total Coliforn	n (3100)	•					1 ro	utine (RT) ¡	oer quarter
		oling Point ID)		Monitoring	g Period	Colle	ection Period		ance Status
Select fron	n Inventory	of Active Sampling Points		10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3	/31/19			Co	mplete
				4/1/19 - 6	/30/19				
				7/1/19 - 9	/30/19				
<b>Physical Para</b>	-						1 ro	utine (RT) <sub> </sub>	oer quarter
Sampling I	Point (Sam <sub>l</sub>	oling Point ID)		Monitoring	g Period	Colle	ection Period	d Compli	ance Status
Select fron	n Inventory	of Active Sampling Points		10/1/18 - 1					mplete
				1/1/19 - 3				Co	mplete
				4/1/19 - 6					
				7/1/19 - 9	/30/19				
•	•	TREATMENT PLANT (WSF ID	): 00700)						
Nitrate And N	-	•						L routine (R	
		oling Point ID)		Monitoring		Colle	ection Period		ance Status
TREATMEN	NT PLANT EI	P (3)		1/1/18 - 12	-				mplete
				1/1/19 - 12	-			Со	mplete
				1/1/20 - 12		_			
	Mor	nthly Water System Fac	cility (WSF)	Level Mo	onitori	ng Ro	equirem	ents	
Water System	Facility:	TREATMENT PLANT (WSFID:	00700)						
Analyte		<b>Monitoring Requirement (Sum</b>	nmary Type)	Opera	ting Limi	t		Samples Ro	eq/Month
рН		Entry Point pH Monitoring (PH	RD)	Minim	num: 7.0	PH		4	
Start Date:	4/1/2013		Complia	ance Histor	y:	Opera	ating Limit	Monitor	ing
				ring Period		Comp	liance Statu	ıs: Complia	nce Status:
				18 - 11/30/					N
				18 - 12/31/					N
				9 - 1/31/20					N
				9 - 2/28/20					N
				9 - 3/31/20					
		Other		9 - 4/30/20					
Compliance	andula A =::		Compliance				A alata:	d Dorto	
Compliance Sch	ieauie Activ	nty		Di	ie Date		Achieve	u Date	

#### **Due Date Achieved Date**

3/1/2020 CROSS CONNECTION SURVEY REPORT

	Wa	iter System Facili	ty and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ			

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Connecticut Department of Public Health Drinking Water Sect	ion
Water Quality Monitoring and Compliance Schedule	

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0280024	STATE POLICE FLEET	MAINTE	NANCE			NC	25	S	GW
Local Address (\	where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
MILL HILL ROAD	)			Connections		1			

	Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	TREATMENT PLANT	3	TREATMENT PLANT EP	Α					
58246	WELL 1A	2	WELL 1A	Α					
58249	ATMOSPHERIC TANK								
58251	BLADDER TANK								

				<b>Contact Inf</b>	ormation						
Name				Organization	1		Job Title				
Mr. Robert Cody				CT Dept of E	mergency Services						
Mailing Address Lin	e One		Mailing A	ddress Line Two	ress Line Two			State	Zip Code		
1111 Country Club	Road					Middleto	own	СТ	06457		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	one Email Address					
860-685-8935		860-685-	8475		860-250-7676	Robert.Cody@ct.gov					
Contact Role(s): A	dministrative	Contact									
Name				Organization	Organization			Job Title			
Mr. James Rovella				Despp	Despp			ner			
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code		
Despp			1111 Cou	ntry Club Road		Middletown		СТ	06457		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress				
860-258-5800						james.ro	vella@ct.gc	)V			
Contact Role(s): Le	gal Contact				1	1					

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 4

	Water Quality Mon	itoring an	d Con	npl	liance S	, Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0280034	DAY POND S.P./UPPER PICNIC AREA				NC	25	S	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
DAY POND RO	AY POND ROAD Connections				1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: COLCHESTER

ng Requirements		
00600)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 rc	outine (RT) per year
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		
1/1/20 - 12/31/20		
	Monitoring Period 4/1/19 - 6/30/19 7/1/19 - 9/30/19  Monitoring Period 4/1/19 - 6/30/19 7/1/19 - 9/30/19  Monitoring Period 1/1/19 - 12/31/18 1/1/19 - 12/31/19	1 rout  Monitoring Period Collection Period  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Monitoring Period Collection Period  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 ro  Monitoring Period Collection Period  1/1/18 - 12/31/18  1/1/19 - 12/31/19

	wa	iter System Facili	ity and Sampling P	oint ir	nventoi	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α				
23107	WELL #1	2	WELL #1	Α				

				Contact Info	ormation					
Name				Organization			Job Title			
Mr. David Cooley				Deep-Engineering Unit				Supv Civil Engineer		
Mailing Address Line One				Mailing Address Line Two			City		Zip Code	
163 Great Hill Road						Portland	ł	СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-342-2215 860-344-				860-205-7552	860-424-3333	david.cooley@ct.gov				

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departm	ent of	Public H	lealth	Dr	rinking	Water	Se	ection	
Water Quality					_				
PWS ID PWS Name		0			1		_	ner Type Pı	rimary Source
CT0280044 DAY POND S.P./BEACHWELL					NC	83		S	GW
Local Address (where applicable)		Service	Residen	tial	Commerci	al Industri	al	Combined	Agricultural
DAY POND ROAD		Connections	1						
Towns Served: COLCHESTER									
	Monit	oring Requ	iireme	nts	1				
Water System Facility: <b>DISTRIBUTION SYSTE</b>	M (WSF I	D: 00600)							
Total Coliform (3100)						1	ro	utine (RT) լ	oer quarter
Sampling Point (Sampling Point ID)			Monitori	ng P	Period C	ollection Pe	riod	l Compli	ance Status
Select from Inventory of Active Sampling Point	:S		4/1/19 -						
			7/1/19 -	9/3	0/19				
Physical Parameters (PPS)									per quarter
Sampling Point (Sampling Point ID)			Monitori			ollection Pe	riod	l Compli	ance Status
Select from Inventory of Active Sampling Point	:S		4/1/19 -		*				
			7/1/19 -	9/3	0/19				
Water System Facility: ENTRY POINT (WSF II	): 00/00)								
Nitrate And Nitrite (NOX)			0.0 14 1	6	and and	-!!t! D-		· -	T) per year
Sampling Point (Sampling Point ID)			<i>Monitorii</i> 1/1/18 -			ollection Pe	rioa		ance Status
ENTRY POINT (3)			1/1/18 -			4/1-9/30 4/1-9/30		Co	mplete
			1/1/20 -			4/1-9/30			
	Othor C	ompliance				4/1-3/30			
	Julei C	omphance				A abia		/ Data	
Compliance Schedule Activity					Date	Achie	vea	Date	
SEASONAL START UP COMPLETION		· · · · · · · · · · · · · · · · · · ·	_		2019				
Pul	olic Not	ification R	equire	me					
	C	ompliance	Notice			<u>otification</u>			<u>ification</u>
Violation/Situation	0./4	Period	Tier		Required	Performe		Due to DPH	Received
Distribution Turbidity MCL Violation		/12 - 6/30/12 /14 - 9/30/14	2	1	9/7/2012			9/17/2012	
Physical Parameters M&R Violation  E. Coli		/14 - 9/30/14	2		11/21/2015 8/27/2019			12/1/2015	
Water Syste			3 nnling			ntory		9/6/2019	
Water	ili i aciii	ity and Sai	iipiiiig	. 0		otal Lead		ı	
	ling Point	Sampling Poi	nt			form Cop		1	Stage
Facility ID	ID	Description						r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ			
DOW	NSTREAM	WITHIN 5 SER	VICE CON	١	Α				
UPS	STREAM	WITHIN 5 SER	VICE CON	1	Α				
00700 ENTRY POINT	3	ENTRY POINT			А				
20525 WELL	2	WELL			Α				
	Con	tact Inforr	nation						

Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer Mailing Address Line One Zip Code Mailing Address Line Two City State 163 Great Hill Road Portland CT 06480 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-342-2215 860-344-2560 860-205-7552 860-424-3333 david.cooley@ct.gov

Job Title

Organization

Name

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Co	onnecticut Department of Public	c Health Drinking Water Section
	Water Quality Monitoring a	and Compliance Schedule
PW	VS Name	Classification   Population   Owner Type   Prin

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0280044	DAY POND S.P./BEACHWELL				NC	83	S	GW
Local Address (w	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
DAY POND ROAI	)	Connections	1					

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	Public H	lealth	Di	rinking	g Water	Section	
	Water Quality Monito	oring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0280084	WESTCHESTER CONGREGATIONAL CHURCH				NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 149 & C	EMETARY ROAD	Connections			1			

Towns Served: COLCHESTER							
	M	lonitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION	SYSTEM (	(WSF ID: 00600)					
Total Coliform (3100)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period (	Collection Perio	od Complic	ance Status
Select from Inventory of Active Sampl	ing Points	1	0/1/18 - 12	2/31/18		Cor	mplete
			1/1/19 - 3,	/31/19		Cor	mplete
			4/1/19 - 6,	/30/19			
			7/1/19 - 9,	/30/19			
Physical Parameters (PPS)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period (	Collection Perio	od Complic	ance Status
Select from Inventory of Active Sampl	ing Points	1	0/1/18 - 12	2/31/18		Cor	mplete
			Complete				
			4/1/19 - 6,	/30/19			
			7/1/19 - 9,	/30/19			
Water System Facility: <b>ENTRY POINT</b>	(WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)						1 routine (R	T) per year
Sampling Point (Sampling Point ID)		ı	Monitoring	Period (	Collection Perio	od Complia	ance Status
ENTRY POINT (3)			1/1/18 - 12	2/31/18		Cor	mplete
			1/1/19 - 12	2/31/19		Cor	mplete
			1/1/20 - 12	2/31/20			
	Public	c Notification R	equiren	nents			
		Compliance	Notice	<u>Public</u> N	<u>lotification</u>	PN Certi	<u>ification</u>
Violation/Situation		Period	Tier	Required	Performed	Due to DPH	Received
Distribution Color MCL Violation		10/1/12 - 12/31/12	2	3/23/2013	<b>;</b>	4/2/2013	
Water	System	Facility and San	npling P	oint Inve	entory		
Water	C !:	Delay Court 11 5 1		_	otal Lead a		
System Water System Facility  Facility ID	Sampling	Point Sampling Poin	τ		liform Coppe	r er Ashestos	Stage

	W	/ater System Facili	ity and Sampling F	oint Ir	nventoi	γ			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20529	WELL	2	WELL	Α					
56862	TREATMENT-SOFTENER								

			<b>Contact Inf</b>	ormation				
			Organization	า			Job Title	
			Westchester	Cong Church		Minister		
ie One		Mailing A	ddress Line Two			City	State	Zip Code
					Colchest	ter	СТ	06415
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
				860-267-0480				
			e One Mailing A	Organization Westchester e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Westchester Cong Church e One Mailing Address Line Two Colchess Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Westchester Cong Church Minister  e One Mailing Address Line Two Colchester  Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title  Westchester Cong Church Minister  e One Mailing Address Line Two City State  Colchester CT  Extension Fax Mobile Phone Emergency Phone Email Address

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	**************************************	9 8 9			• •	011001			
PWS ID	PWS Name			Classificati	on F	Population	Owner Type	Prima	ary Source
CT0280084	WESTCHESTER CONGREGATIONAL CHURCH			NC		25	Р		GW
Local Address (v	where applicable)	Service	Resider	ntial Comm	ercia	l Industri	al Combine	ed Ag	gricultural
ROUTE 149 & C	EMETARY ROAD	Connections		1					
T	COLCUECTED							•	

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut De	epartment of	Public Health	ı Dı	rinkin	g W	<sup>7</sup> ater	Se	ection	
	Water Q	uality Monit	oring and Con	npl	liance	Sch	edul	e		
PWS ID	PWS Name		<u> </u>	_		_			ner Type P	rimary Sourc
CT028009	4 KHYBERY KASSEM, MD				NC		26		Р	GW
Local Addr	ress (where applicable)		Service Resider	ntial	Commerc	cial	Industria	al	Combined	Agricultura
514 WEST	CHESTER ROAD		Connections		1					
Towns Ser	ved: COLCHESTER									
		Monite	oring Requireme	ents	;					
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1	rou	itine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Monitor	ing F	Period	Collec	tion Per	riod	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	10/1/18	- 12/	31/18				Co	mplete
			1/1/19	- 3/3	1/19				Co	mplete
			4/1/19	- 6/3	0/19					
			7/1/19	- 9/3	0/19					
Physical	Parameters (PPS)						1	rou	itine (RT)	per quarter
	oling Point (Sampling Point ID)		Monitor			Collec	tion Per	riod	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	10/1/18							mplete
			1/1/19						Co	mplete
			4/1/19							
			7/1/19	- 9/3	0/19			_		
•	stem Facility: ENTRY POIN	T (WSF ID: 00700)								_
	And Nitrite (NOX)									T) per year
	pling Point (Sampling Point ID)		Monitor			Collec	tion Per	riod		ance Status
ENTR	Y POINT (3)		1/1/18 -		•					mplete
			1/1/19 -						Сс	mplete
			1/1/20 -		•					
	Wate	r System Facili	ity and Sampling	, Po	int Inv	ento	ory			
Water						Total	Lead			
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description			oliforn			Achastas	Stage WQP 2 DBP
					Jiuius	Rule	Kule	rier	ASDESTOS	WQP Z DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CO		A	Υ				
					A					
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SERVICE CO	IN	A					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20530	WELL	2	WELL		Α					
58330	KHYBERY TREATMENT PLANT									
58332	PRESSURE STORAGE									
		Con	tact Information	1						
Name		0	rganization						Job Title	
Ms. Nancy	y Khybery									
Mailing Ad	ddress Line One	Mailing Addres	s Line Two			(	City		State	Zip Code

Mobile Phone

Colchester

Emergency Phone Email Address

 $\mathsf{CT}$ 

06415

514 Westchester Rd.

**Business Phone** 

860-267-2625

Extension

Contact Role(s): Administrative Contact

Fax

	Connectic	ut Depa	irtmen	t of	Public	Health	ı Dri	inking	g Water	Section	
	Wat	ter Qua	lity Mo	nito	oring a	nd Con	npli	ance S	Schedul	le	
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
CT0280094	KHYBERY KASSE	M, MD						NC	26	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial C	Commerci	al Industri	al Combin	ed Agricultural
514 WESTCHESTI	ER ROAD				Connection	ıs		1			
Towns Served: C	OLCHESTER				1	'	'		1	,	
Name				Org	ganization					Job Titl	e
Mr. Kassem Khyl	bery								Physician		
Mailing Address	Line One		Mailing Ad	ddress	Line Two				City	State	Zip Code
514 West Cheste	r Road							Colche	ster	СТ	06415
Business Phone	e Extension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email /	Address	,	
860-267-2625		860-267-	0491					kkhybe	ery@aol.con	n	
Contact Role(s):	Legal Contact, C	Owner									

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	partment of	Public H	lealth	Drir	nking V	Vater S	ection	
			uality Monit				_			
PWS ID		PWS Name		<u> </u>					vner Type Pi	imary Source
CT028010	4	PAPA-ZS & SONS PIZZA				N	IC	39	Р	GW
Local Addr	ress (w	here applicable)		Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultura
713 MIDD	LETOV	VN RD		Connections			1			
Towns Ser	ved: C	OLCHESTER								
			Monito	oring Requ	iiremer	nts				
Water Sy	stem	Facility: <b>DISTRIBUTIO</b>	N SYSTEM (WSF I	D: 00600)						
Total Co	liform	(3100)						1 ro	utine (RT) լ	oer quarter
Samp	oling P	oint (Sampling Point ID)			Monitorin	ng Peri	od Colle	ection Period	l Compli	ance Status
Selec	t from	Inventory of Active Samp	oling Points		10/1/18 -	12/31/	<b>1</b> 8		Co	mplete
					1/1/19 -	3/31/1	L9		Co	mplete
					4/1/19 -					
					7/1/19 -	9/30/1	L9			
-		neters (PPS)								oer quarter
		oint (Sampling Point ID)			Monitorin	_		ection Period		ance Status
Selec	t from	Inventory of Active Samp	oling Points		10/1/18 -					mplete
					1/1/19 -				Co	mplete
					4/1/19 -					
Mator Sv	ctom	Facility: ENTRY POINT	(\MSE ID: 00700\		7/1/19 -	9/30/1	19			
•		,	(W3F ID. 00700)						moutine /D	T\ max.vaar
		itrite (NOX) oint (Sampling Point ID)			Monitorin	na Peri	od Colle	ction Period		T) per year ance Status
	RY POII				1/1/18 - 1	_		ection i cirot	-	mplete
LIVIII		<b>(1)</b>			1/1/19 - 1					mplete
					1/1/20 - 1					
		Wate	r System Facili		· ·	· ·		orv		
Water		wate	i System raem	ty and sai		. О	Tota	<del>-</del>	1	
System	Wate	r System Facility	Sampling Point	Sampling Poi	nt		Colifor			Stage
Facility ID	)		ID	Description		Sta	itus Rule			WQP 2 DBP
00600	DISTE	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	,	A Y			
			DOWNSTREAM	WITHIN 5 SER	VICE CON	1 /	A			
			UPSTREAM	WITHIN 5 SER	VICE CON	1 /	А			
00700	ENTR	Y POINT	3	ENTRY POINT		-	Ą			
20531	WELL		2	WELL		-	Ą			
58328	PAPA	ZS TREATMENT PLANT								
58334	PRES	SURE STORAGE								
			Con	tact Inform	nation					
Name			O	rganization					Job Title	
Mr. Zisis N	N. Alve	ras	Pa	ıpa-Zs & Sons I	Pizza					

City

Salem

Emergency Phone Email Address

State

 $\mathsf{CT}$ 

Zip Code

06420

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

20 Hartford Rd

**Business Phone** 

860-267-1518

	Jonnectici teW	•	lity Mon				C			1	
PWS ID	PWS Name	ci Qua	iity Moii	itoring a		_			1	Pr	imary Source
	PAPA-ZS & SONS	PIZZA					IC	39	P		GW
ocal Address (w	here applicable)			Service	Reside	ntial Co	mmerci	al Industri	al Combir	ned	Agricultural
713 MIDDLETOW	AIDDLETOWN RD				ons		1				
Towns Served: C	OLCHESTER			,		·			,		
Name				Organization	1				Job Tit	le	
Dr. Kassem M Kl	nyberry										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	9	Zip Code
514 Westchester	Rd						Colche	ster	СТ		06415
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	Address			
Contact Role(s)	Legal Contact O	wnor									

CD Lite Health Detail to Marco C.

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

(		ut Departme					0			ction	
		ter Quality M	ionit	oring a							
	PWS Name				Cl			-	Own		rimary Source
		MIDDLETOWN ROAI	)			NC	;	25		Р	GW
Local Address (wh	nere applicable)			Service	Residentia	l Con	nmercial	Industria	al (	Combined	Agricultural
738 MIDDLETOW	N ROAD			Connection	าร		1				
Towns Served: CC	DLCHESTER										
					quirement	S					
-	•	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform	• •										per quarter
	int (Sampling P	-			Monitoring			lection Pe	riod		iance Status
Select from I	nventory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	.8			Co	omplete
					1/1/19 - 3/	31/19	)				
					4/1/19 - 6/	30/19	)				
					7/1/19 - 9/	30/19	)				
<b>Physical Param</b>	eters (PPS)							1	rout	tine (RT)	per quarter
Sampling Po	int (Sampling P	oint ID)			Monitoring	Perio	d Col	lection Pe	riod	Compl	iance Status
Select from I	nventory of Act	ive Sampling Points			10/1/18 - 12	/31/1	.8			Co	omplete
					1/1/19 - 3/	31/19	)				
					4/1/19 - 6/	30/19	)				
					7/1/19 - 9/	30/19	)				
Water System F	acility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Nit	rite (NOY)								4		
									1 r	outine (F	RT) per vear
	• •	oint ID)			Monitoring	Perio	d Col	lection Pei		=	RT) per year iance Status
Sampling Po	int (Sampling P	oint ID)			<i>Monitoring</i> 1/1/18 - 12			lection Pe		Compl	iance Status
	int (Sampling P	oint ID)			1/1/18 - 12	/31/1	8	lection Pe		Compl	
Sampling Po	int (Sampling P	oint ID)			1/1/18 - 12 1/1/19 - 12	/31/1 /31/1	8 9	lection Pei		Compl	iance Status
Sampling Po	int (Sampling P Γ (3)		Facili	ity and C	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12	/31/1 /31/1 /31/2	8 9 0			Compl	iance Status
Sampling Po	int (Sampling P Γ (3)	oint ID) Water System	Facili	ity and S	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12	/31/1 /31/1 /31/2	8 9 0 Inven	tory	riod	Compl	iance Status
Sampling Po ENTRY POIN	int (Sampling P Γ (3)	Water System			1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P	/31/1 /31/1 /31/2	8 9 0 Inven	tory	riod	Compl	iance Status omplete
Sampling Po ENTRY POIN  Water System Water	int (Sampling P Γ (3)	Water System  Samplin	g Point	Sampling P	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P	/31/1 /31/1 /31/2 <b>oint</b>	Inven	tory al Lead orm Copp	and per	Compli	iance Status omplete Stage
Sampling Po ENTRY POINT  Water System Water Facility ID	int (Sampling Portion (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling	Water System Samplin	g Point	Sampling P	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P	/31/1 /31/1 /31/2 oint	Inven Colifor	tory al Lead orm Copp	and per	Compli	iance Status omplete
Sampling Po ENTRY POINT  Water System Water Facility ID	int (Sampling P Γ (3)	Water System  Samplin II	g Point	Sampling P Description DISTRIBUTI	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P	/31/1 /31/1 /31/2 <b>oint</b> <i>Stat</i> A	Inven	tory al Lead orm Copp	and per	Compli	iance Status omplete Stage
Sampling Po ENTRY POINT  Water System Water Facility ID	int (Sampling Portion (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling	Water System  Samplin  II  DOWNS	g Point  O  TREAM	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON	/31/1 /31/1 /31/2 <b>oint</b> Stat A	Inven Colifor	tory al Lead orm Copp	and per	Compli	iance Status omplete  Stage
Water System Water Facility ID  00600 DISTRI	int (Sampling Post (3)  T (3)  System Facility  BUTION SYSTEM	Water System  Samplin  II  DOWNS  UPSTE	g Point  TREAM  REAM	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON	/31/1. /31/1: /31/2: oint Stat A A	Inven Colifor	tory al Lead orm Copp	and per	Compli	iance Status omplete  Stage
Water System Water Facility ID  00600 DISTRI	int (Sampling Portion (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling (Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling Sampling (Sampling Sampling	Water System  Samplin  II  DOWNS	g Point  TREAM  REAM	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON	/31/1 /31/1 /31/2 <b>oint</b> Stat A	Inven Colifor	tory al Lead orm Copp	and per	Compli	iance Status omplete  Stage
Water System Water Facility ID  00600 DISTRI	int (Sampling Post (3)  T (3)  System Facility  BUTION SYSTEM	Water System  Samplin  II  DOWNS  UPSTE	g Point  C  TREAM  REAM	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON	/31/1. /31/1: /31/2: oint Stat A A	Inven Colifor	tory al Lead orm Copp	and per	Compli	iance Status omplete  Stage
Water System Water Facility ID  00700 ENTRY	int (Sampling Post (3)  T (3)  System Facility  BUTION SYSTEM	Water System  Samplin  II  DOWNS  UPSTF	g Point  TREAM REAM  Con	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON SERVICE CON	/31/1 /31/1 /31/2 oint Stat A A A	Inven Colifor	tory al Lead orm Copp	and per Tier	Compli Co	iance Status omplete  Stage
Water System Water Facility ID  00700 ENTRY 20532 WELL	int (Sampling Position)  System Facility  BUTION SYSTEM  POINT	Water System  Samplin  II  DOWNS  UPSTF	g Point  TREAM REAM  Con	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON SERVICE CON NT	/31/1: /31/1: /31/2: oint Stat A A A A	Inven Colifor	tory al Lead orm Copp	and per Tier	Compli	iance Status omplete  Stage
Water System Water Facility ID  00600 DISTRI  00700 ENTRY 20532 WELL  Name Mr. Michael Mali	int (Sampling Port (3)  System Facility  BUTION SYSTEM  POINT	Water System  Samplin III DOWNS UPSTF	g Point  TREAM REAM  Con	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info rganization uik Stop Con	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON SERVICE CON	/31/1: /31/1: /31/2: oint Stat A A A A	Inven Colifor	tory al Lead orm Copp	and per Tier	Compli Co	stage WQP 2 DBPR
Water System Water Facility ID  00700 ENTRY 20532 WELL	int (Sampling Port (3)  System Facility  BUTION SYSTEM  POINT	Water System  Samplin III DOWNS UPSTF	g Point  TREAM REAM  Con	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON SERVICE CON NT	/31/1: /31/1: /31/2: oint Stat A A A A	Inven Colifor	tory al Lead orm Copp de Rule	and per Tier	Compli Co	iance Status omplete  Stage
Water System Water Facility ID  00600 DISTRI  00700 ENTRY 20532 WELL  Name Mr. Michael Mali	int (Sampling Post)  System Facility  BUTION SYSTEM  POINT  nosky ine One urt	Water System  Samplin III DOWNS UPSTF	g Point  TREAM REAM  Con	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info rganization uik Stop Con	1/1/18 - 12 1/1/19 - 12 1/1/20 - 12 ampling P Point ON SYSTEM SERVICE CON SERVICE CON NT	/31/1: /31/2: /31/2: oint Stat A A A A	Inven Colifor	tory al Lead orm Copp le Rule  Owner City	and per Tier	Comple Co	stage WQP 2 DBPR

75Benz@comcast.net

239-394-7363

Contact Role(s): Administrative Contact, Legal Contact, Owner

239-394-7363

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarity 1.10111	corms am	a don	iipiiaiiee i	Jeneau.		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0280114	STRIP MALL ON MIDDLETOWN ROAD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combine	ed Agricultural
738 MIDDLETO	738 MIDDLETOWN ROAD			1			
Tayuna Camuada (	COLCUECTED	<u>'</u>	•	'		'	

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticu	t Department o	f Public H	[ealth	Drir	nking	Wa	ter S	ection	
		er Quality Monit				_			cction	
PWS ID	PWS Name	or quarty Monn	coring and						vner Type   F	Primary Source
CT028012	4 TWO BROTHERS V	VINE & SPIRIT			N		25		P	GW
Local Addr	ress (where applicable)		Service	Resident	ial Co	mmercia	Ind	lustrial	Combined	l Agricultural
711 MIDD	LETOWN ROAD		Connections			1				_
Towns Ser	ved: COLCHESTER			I					I	l
		Monit	oring Requ	iremer	nts					
Water Sy:	stem Facility: DISTRIE	BUTION SYSTEM (WSF	ID: 00600)							
Total Col	liform (3100)							1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Poi	nt ID)		Monitorin	g Perio	od Co	llectio	n Period		iance Status
Selec	t from Inventory of Active	e Sampling Points	:	10/1/18 -	12/31/	18			C	omplete
				1/1/19 - :						omplete
				4/1/19 -						•
				7/1/19 - 9						
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
-	oling Point (Sampling Poi	nt ID)		Monitorin	g Perio	od Co	llectio	n Period		iance Status
Selec	t from Inventory of Active	e Sampling Points		10/1/18 -					C	omplete
	·			1/1/19 - :	3/31/1	9			C	omplete
				4/1/19 -	6/30/1	9				
				7/1/19 - 9	9/30/1	9				
Water Sy:	stem Facility: ENTRY	POINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (	RT) per year
Samp	oling Point (Sampling Poi	nt ID)		Monitorin	g Perio	od Co	llectio	n Period	l Comp	iance Status
ENTR	Y POINT (3)			1/1/18 - 1	2/31/2	18			C	omplete
				1/1/19 - 1	2/31/2	19			C	omplete
				1/1/20 - 1	2/31/2	20				
	V	Vater System Facil	ity and Sar	npling	Point	t Inven	itory	/		
Water						Tot	al I	Lead and	1	
System	Water System Facility	Sampling Point		nt		Colife		Copper		Stage
Facility ID		ID	Description		Sta	tus Ru		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	A Y	,			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	A	A				
		UPSTREAM	WITHIN 5 SER	VICE CON	A	A				
00700	ENTRY POINT	3	ENTRY POINT		A	4				
20533	WELL	2	WELL		A	A				
56284	TREATMENT PLANT									
		Cor	ntact Inforr	mation						
Name		0	rganization						Job Title	
Mr. Ray B	eckus		llstate Agent							
	ddress Line One	Mailing Addres					City	y	State	Zip Code
	etown Road					Colchest		•	СТ	06415
						Colchest	ter		СТ	

Emergency Phone | Email Address

Mobile Phone

**Business Phone** 

Contact Role(s): Owner

Extension

Fax

	Connecticu	t Depa	rtment of	Public	Health	Drir	ıkıng	water	Sec	tion	
	Wate	er Qua	lity Monit	coring a	nd Com	ıplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type P	rimary Source
CT0280124	TWO BROTHERS V	VINE & SPI	RIT			N	С	25	ı	)	GW
Local Address (w	here applicable)			Service	Resident	tial Co	mmercia	l Industri	al C	ombined	Agricultura
711 MIDDLETOW	/N ROAD			Connection	ns		1				
Towns Served: C	OLCHESTER				"						
Name			0	rganization					J	ob Title	
Mr. Zisis Alevras								Owner			
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code
711 Middletown	Rd.			Colcheste			ter		СТ	06415	
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email A	ddress		,	
Contact Role(s):	Legal Contact, Ov	wner									
Name			0	rganization					J	ob Title	
Mr. Alex Alevras	ì		Tv	wo Brothers	Wine And S	prit		Son			
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code
713 Middletown	Road						Colches	ter		СТ	06415
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email A	ddress			
860-267-4014					860-267-2	2478					

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connec	ticut Department of	Public Health D	rinking W	ater Sect	ion
	Vater Quality Monit		_		.1011
PWS ID PWS Name	vater Quality Monte				Type Primary Source
CT0280144 HUNG WON	II II C		-	.5 P	
Local Address (where applica		Service Residentia			mbined Agricultural
232 NEW LONDON ROAD	biej	Connections	1	idustriai Co	Agricultural
Towns Served: COLCHESTER			1		
	Monito	oring Requirement	S		
Water System Facility: DI	STRIBUTION SYSTEM (WSF I	D: 00600)			
Total Coliform (3100)				1 routir	e (RT) per quarter
Sampling Point (Sampli	ng Point ID)	Monitoring	Period Collecti	ion Period	Compliance Status
Select from Inventory of	Active Sampling Points	10/1/18 - 12	/31/18		Complete
		1/1/19 - 3/	31/19		
		4/1/19 - 6/	30/19		
		7/1/19 - 9/	30/19		
Physical Parameters (PPS	5)			1 routir	ie (RT) per quarter
Sampling Point (Sampli	ng Point ID)	Monitoring	Period Collecti	ion Period	Compliance Status
Select from Inventory of	Active Sampling Points	10/1/18 - 12	/31/18		Complete
		1/1/19 - 3/	31/19		
		4/1/19 - 6/	30/19		
		7/1/19 - 9/	30/19		
Water System Facility: EN	NTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX	)			1 ro	utine (RT) per year
Sampling Point (Sampli	ng Point ID)	Monitoring	Period Collecti	ion Period	Compliance Status
ENTRY POINT (3)		1/1/18 - 12,	/31/18		Complete
		1/1/19 - 12,	/31/19		
		1/1/20 - 12,	/31/20		
Water System Facility: W	ELL (WSF ID: 20535)				
E. Coli (3014)					e (RT) per quarter
Sampling Point (Sampli	ng Point ID)			ion Period	Compliance Status
WELL (2)		10/1/18 - 12			Complete
		1/1/19 - 3/			
		4/1/19 - 6/			
	Oth on C	7/1/19 - 9/	·		
Compliance Cohodula Activity		ompliance Schedul		Ashioused Da	10
Compliance Schedule Activity			e Date	Achieved Da	<u></u>
RESPOND TO SANITARY SURV			7/2015		
	Water System Facili	ty and Sampling Po		<u> </u>	
Water System Water System Fac	ilitu Cananlina Daint	Campling Doint	Total	Lead and	C4
System Water System Fac Facility ID	ility Sampling Point ID	Description	Coliform Status Rule	Copper Rule Tier A	Stage sbestos WQP 2 DBPR
00600 DISTRIBUTION SYS		DISTRIBUTION SYSTEM	Status Rule A Y	Mule Her A.	SUCSIOS VIQE 2 DUPN
טטטטט טווטפואוכוע טטטטט		WITHIN 5 SERVICE CON			
	UPSTREAM	WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A		
	UPSTREAM	VVITITIIN 3 SERVICE COIN	Α		

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

TREATMENT STATION

20535

57418

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0280144	HUNG WON II, LLC				NC 25		Р	GW			
Local Address	ocal Address (where applicable) Service Res					al Industri	al Combine	ed Agricultural			
232 NEW LON	DON ROAD	Connections			1						

**Contact Information** 

Organization

Connecticut Department of Public Health Drinking Water Section

Towns Served: COLCHESTER

Name

Mr. Chun-Oi (Jim)	Chan			Hung Wong I	Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two	City		State	Zip Code	
2 Serafin Terrace						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-267-8822					860-205-9008				
Contact Role(s): Le	gal Contact,	Owner	·						
Name				Organization				Job Title	
Ms. Jennifer Maroz	zi			Fresca Bar Ar	nd Grill		Owner / M	lanager	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
Fresca Bar And Grill			232 New Lon	don Rd		Colchest	er	СТ	06415
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-531-9234			860	0-918-1302		jennifer.	marozzi@y	ahoo.com	

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Job Title

	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
WS ID PWS Name Classification Population Owner Type Primary Source										
CT0280164	SALMON RIVER STATE PARK				NC	25	S	GW		
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
GULF ROAD		Connections			1					
Towns Served: COLCHESTER										
	Monitoring Boguiroments									

GOLI NOAD							
Towns Served: COLCHESTER	'		'	'		1	
	Monitoring Requ	irement	ts				
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complic	nce Status	
Select from Inventory of Active Sampling Points	•	10/1/18 - 12	2/31/18		Cor	mplete	
		1/1/19 - 3/	/31/19		Cor	mplete	
		4/1/19 - 6/	/30/19				
		7/1/19 - 9/	/30/19				
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complic	nce Status	
Select from Inventory of Active Sampling Points		10/1/18 - 12/31/18					
		1/1/19 - 3/	/31/19		Cor	mplete	
		4/1/19 - 6/	/30/19				
		7/1/19 - 9/	/30/19				
Water System Facility: ENTRY POINT (WSF ID:	00700)						
Nitrate And Nitrite (NOX)					1 routine (R	T) per year	
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complic	nce Status	
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	mplete	
		1/1/19 - 12	/31/19				
		1/1/20 - 12	/31/20				
Pub	lic Notification R	equiren	nents				
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	fication	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	1/17/2016		1/27/2016		
01 1 10 1 140 0 1 1 1 1	7/4/45 0/20/45	-	40/47/0046		40/07/0046		

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	1/17/2016		1/27/2016					
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	12/17/2016		12/27/2016					

	Wa	ter System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22902	WELL #1	2	WELL #1	Α					

			C	ontact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. David Cooley				Deep-Engine	eering Unit		Supv Civil Engi	neer		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City State Zip Co			
163 Great Hill Road						Portland		СТ	06480	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ddress			
860-342-2215		860-344-2	2560 86	0-205-7552	860-424-3333	david.co	cooley@ct.gov			
860-342-2215		860-344-2	2560 86	0-205-7552	860-424-3333	david.co	ooley@ct.gov			

Connecticut Department of Public Health	Drin	king	g W	'ater	Sec	tion	l
Water Quality Monitoring and Com	nplian	ice S	Sch	edul	e		

PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT0280164	SALMON RIVER STATI	E PARK				NC	25	S	GW
Local Address (	where applicable)		Service	Resider	ntial C	Commercia	l Industri	al Combine	ed Agricultural
GULF ROAD			Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department ( Water Quality Mon			•	9		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0280194	MARIAS PIZZA PALACE RESTAURANT			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	d Agricultural

1

Connections

744 MIDDLETOWN ROAD
Towns Served: COLCHESTER

Towns Served: COLCHESTER				<u>'</u>	1
	Monit	oring Requirements			
Water System Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)			
Total Coliform (3100)				1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID	)	Monitoring Per	iod Collect	ion Period	<b>Compliance Status</b>
Select from Inventory of Active Sar	npling Points	10/1/18 - 12/31	/18		Complete
		1/1/19 - 3/31/	19		Complete
		4/1/19 - 6/30/	19		
		7/1/19 - 9/30/	19		
Physical Parameters (PPS)				1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID	)	Monitoring Per	iod Collect	tion Period	<b>Compliance Status</b>
Select from Inventory of Active Sar	npling Points	10/1/18 - 12/31	/18		Complete
		1/1/19 - 3/31/	19		Complete
		4/1/19 - 6/30/	19		
		7/1/19 - 9/30/	19		
Water System Facility: ENTRY POIL	NT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)				1	routine (RT) per year
Sampling Point (Sampling Point ID	)	Monitoring Per	iod Collect	tion Period	Compliance Status
ENTRY POINT (3)		1/1/18 - 12/31/	18		Complete
		1/1/19 - 12/31/	19		
		1/1/20 - 12/31/	'20		
	Other C	ompliance Schedules			
Compliance Schedule Activity		Due Do	ite	Achieved	Date
CROSS CONNECTION SURVEY REPORT		3/1/20	20		
Wat	er System Facil	ity and Sampling Poin	t Invento	ry	
Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Rule	Rule Tier	Asbestos WOP 2 DRPR

Water	•	ater system ruem	ty and Sampling P		Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
49127	WELL 1	2	WELL 1	Α					
58240	MARIA'S WTP								
58242	BLADDER TANK								

	Contact Information										
Name Organization Job Title											
Ms. Maria Sourvali	S			Maria's Pizza	Palace						
Mailing Address Lin	e One	e Mailing Address Line Two City State				Zip Code					
			744 Mi	iddletown Road		Colchest	er	СТ	06415		
Business Phone Extension Fax				Mobile Phone	Mobile Phone Emergency Phone		dress				
860-267-8722					860-267-8722						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connecticut	Depa	rtment (	of Public	Health	Dri	nking	Water	Section					
	Wate	r Qua	lity Mon	itoring a	nd Con	plia	ance S	Schedul	le					
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source				
CT0280194	MARIAS PIZZA PAL	ACE REST	AURANT			ı	NC	25	Р	GW				
Local Address (wh	nere applicable)			Service	Residen	tial C	ommercia	al Industri	al Combine	ed Agricultural				
744 MIDDLETOW	N ROAD			Connection	ıs		1							
Towns Served: CO	DLCHESTER													
Contact Role(s):	Administrative Co	ntact, Leg	gal Contact, O	wner										
Name				Organization					Job Titl	e				
Mr. Athanasoula	Sourvalis			Maria's Pizza				Property	Owner					
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code				
744 Middletown	Road						Colche	ster	СТ	06415				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	e Email A	Address	-					
Contact Role(s):	Legal Contact, Ow	ner												

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C		ut Departme					_			1	
	Wa	ter Quality M	<b>l</b> onit	oring a	nd Comp	liai	nce So	chedul	e		
PWS ID P	WS Name				Cl	lassific	cation P	opulation	Owner Type	Pri	mary Source
CT0280214 S	COTTIES FROZE	N CUSTARD				NO	2	35	Р		GW
Local Address (wh	ere applicable)			Service	Residentia	I Cor	mmercial	Industria	al Combir	ied	Agricultural
327 NEW LONDON	N ROAD			Connectio	ns		1				
Towns Served: CO	LCHESTER										
		N	/lonit	oring Re	quirement	ts					
Water System Fa	acility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Coliform</b>	(3100)							1	routine (R	T) p	er quarter
Sampling Poi	int (Sampling P	oint ID)			Monitoring			lection Per	riod Con	nplia	nce Status
Select from Ir	nventory of Act	ive Sampling Points			4/1/19 - 6/					Con	nplete
					7/1/19 - 9/	/30/19	9				
Physical Parame									routine (R		-
	int (Sampling P				Monitoring			lection Per	rioa Con	•	nce Status
Select from Ir	nventory of Act	ive Sampling Points			4/1/19 - 6/					Con	nplete
\A/=+== C=+=== E-	- ilia - FNITO	V DOINT (MCE ID.	00700\		7/1/19 - 9/	30/19	<del>)</del>				
•	•	Y POINT (WSF ID:	00700)						4	/07	-\
Nitrate And Nit	• •	oint ID)			Monitoring	Porio	d Col	lection Pei		-	) per year
ENTRY POINT	int (Sampling P	סווונ וטן			1/1/18 - 12			iection Per	iou con		nce Status nplete
LIVINI FOINI	(5)				1/1/19 - 12						nplete
					1/1/20 - 12					COI	прісте
		Water System	Eacili	ity and S				tory			
Morton		water system	гасіі	ity aliu 3	amping P	OIIIL		<del>-</del>			
Water System Water	System Facility	Samnlin	a Point	Sampling I	Point		Tota Colife				Stage
Facility ID	oyotem ruemty	II.		Description		Stat	0			os l	NQP 2 DBPR
	BUTION SYSTEM	1 4	ļ	DISTRIBUT	ION	A					
		DOWNS	TREAM	WITHIN 5 S	SERVICE CON	Α					
		UPSTF	REAM	WITHIN 5 S	SERVICE CON	Α					
00700 ENTRY	POINT	3	}	ENTRY POI	NT	Α					
49138 DUG W	ELL 1	2	)	WELL 1		А					
			Con	tact Info	ormation						
Name			0	rganization					Job Tit	le	
Mr. Michael Hagg	erty			cotties Froze	en Custard			Owner			
Mailing Address Li	<u> </u>	Mailing		s Line Two				City	State	!	Zip Code
62 Slocum Terrace	<u>.</u>	_					Groton		СТ		06340
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Ad	dress			
860-235-0860							michaelh	naggerty@	sbcglobal.ne	et	
Contact Role(s):	Owner										
Name			0	rganization					Job Tit	le	
Ms. Kathleen Stef	fens		Sc	cotties Froze	en Custard			Owner			
Mailing Address Li	ne One	Mailing	Addres	s Line Two				City	State	!	Zip Code
		62 Sloc	omb Tei	rrace	T-		Groton		СТ		06340
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Ad	dress			

michaelhaggerty@sbcglobal.net

860-235-3135

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarry 11	iomicor mig am	a don	ipmanee	beneau		
PWS ID	PWS Name		Classification	Population	Owner Type	<b>Primary Source</b>	
CT0280214	SCOTTIES FROZEN CUSTARD			NC	35	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industr	al Combin	ed Agricultural
327 NEW LON	DON ROAD	Connections		1			
Towns Comunds	COLCUESTED			'	'		

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0286024	PRIAM VINEYARDS				NC	28	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
11 SHAILOR HIL	L RD	Connections			1			

Monitoring Requirements									
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>									
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)	Parameters (PPS) 1 routine (F								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						

· ···yo.ca· · arameters (· · · o)		me (m) per quarter	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		_
	1/1/20 - 12/31/20		

# **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

Public Notification Requirements										
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/10/2018		2/20/2018					
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/10/2018		2/20/2018					
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/26/2019		4/5/2019					
Total Coliform M&R Violation	11/1/17 - 11/30/17	3	3/26/2019		4/5/2019					

#### **Water System Facility and Sampling Point Inventory** Total Lead and Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage **Description** ID Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status **DISTRIBUTION SYSTEM** 00600 DISTRIBUTION SYSTEM 4 Α DOWNSTREAM PV-DA Α Υ Υ **UPSTREAM** PV-UA Α 00700 ENTRY POINT 3 **ENTRY POINT** Α 2 60227 WELL 1 WELL 1 Α

Contact Information										
Name	Organization		Job Title							
Mr. James Melillo										
Mailing Address Line One	ress Line Two		City	State	Zip Code					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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Schedule Generation Date: 4/11/2019

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	Connectic	ut Depa	rtment of	Public I	Health	Dri	nking	g water	56	ection		
	Wa	ter Qual	ity Monite	oring an	d Con	nplia	ince S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	Owner Type		Primary Source	
CT0286024	CT0286024 PRIAM VINEYARDS						١C	28		Р	GW	
Local Address (where applicable) Service					Resider	ntial Co	ommercial Industrial			Combin	ed Agricultura	
11 SHAILOR HILL RD				Connections	S		1					
Towns Served: C	OLCHESTER							,				
11 Shailor Hill Ro	ł						Colche	ster		СТ	06415	
Business Phon	e Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email	Email Address				
206-406-0772	!						jim@p	jim@priamvineyards.com				
Contact Role(s):	Administrative	Contact, Leg	al Contact									

Constant Description of D. Elis Hardle D. Alias Water Contin

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	-				_						
	Connecticut Departmer	nt of Public H	ealth	ı D	rinking	g Wate	er S	ection			
	Water Quality M	onitoring and	d Con	np	liance S	Sched	ule				
PWS ID	PWS Name			Cl	assification	Populati	on O	wner Type P	rimary Source		
CT0286014	752 MIDDLETOWN ROAD - COLCHEST	ER			NC	25		Р	GW		
Local Address (w	rhere applicable)	Service	Residen	ntial	Commerc	ial Indu	strial	Combined	Agricultural		
752 MIDDLETOW	VN ROAD - COLCHESTER	Connections			1						
Towns Served: C	OLCHESTER										
	Monitoring Requirements										
Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)									
<b>Total Coliform</b>	(3100)						1 rc	outine (RT)	per quarter		
Sampling P	oint (Sampling Point ID)		Monitori	ing	Period C	Collection	Perio	d Compli	ance Status		
Select from	Inventory of Active Sampling Points	:	10/1/18 -	- 12	2/31/18			Co	mplete		
			1/1/19	- 3/	31/19			Co	mplete		
			4/1/19	- 6/	30/19						
			7/1/19	- 9/	30/19						
Physical Paran	neters (PPS)						1 rc	outine (RT)	per quarter		
	oint (Sampling Point ID)		Monitori			Collection	Perio		•		
Select from	Inventory of Active Sampling Points	-	10/1/18 - 12/31/18						Complete		
			1/1/19					Co	mplete		
			4/1/19								
			7/1/19	- 9/	30/19						
•	Facility: ENTRY POINT (WSF ID: 0	0700)									
Nitrate And N	•							=	T) per year		
	oint (Sampling Point ID)		Monitoring Period			Collection	Perio		ance Status		
ENTRY POIN	NT (3)		1/1/18 - 12/31/18					Co	mplete		
			1/1/19 -								
			1/1/20 -	12,	/31/20						
Organic Chem	-							= =	per quarter		
	oint (Sampling Point ID)		Monitori			Collection	Perio		ance Status		
ENTRY POIN	NI (3)	-	10/1/18						mplete		
			1/1/19					Co	mplete		
			4/1/19 - 7/1/19 -								
Matar System	Facility: WELL 1 (WSF ID: 60529)		7/1/19	- 9/	30/19						
•	, , ,						4	ti (DT)			
Organic Chem	oint (Sampling Point ID)		Monitori	ina	Daried (	Collection		• •	per quarter ance Status		
WELL 1 (2)	ont (Sumpling Foint 10)		10/1/18	_		.onection	Perio		mplete		
VVLLL I (Z)			1/1/19		<u> </u>				mplete		
			4/1/19					Co	inhiere		
			7/1/19								
	D. blis	Notification D			•						
	Public	Notification R									
Violation/Situat	ion	Compliance Period	Notice Tier			<u>otificatio</u>			rification Received		
-	als M&R Violation	10/1/17 - 12/31/17	3		<b>Required</b> 3/6/2019	Perfor	теа	<i>Due to DPH</i> 3/16/2019	Received		
organic Chemile	iis ivialt violation	10/1/1/ - 12/31/1/	3		3/0/2019			3/10/2019			

**Water System Facility and Sampling Point Inventory** Total Water Lead and System Water System Facility Sampling Point Sampling Point Stage Coliform Copper Rule Tier Asbestos WQP 2 DBPR ID **Description** Facility ID Rule Status 4 **DISTRIBUTION SYSTEM** DISTRIBUTION SYSTEM

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	d Con	npl	iance S	Schedul	e			
PWS ID PWS Name				Classification Populatio		Population	Owner Type	Primary Source	
CT0286014 752 MIDDLETOWN ROAD - COLCHESTER					NC	25	Р	GW	
Local Address	Service	Residen	itial Commerci		al Industria	al Combine	d Agricultural		
752 MIDDLETO	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: COLCHESTER

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00700	ENTRY POINT	3	ENTRY POINT	Α							
60529	WELL 1	2	WELL 1	А							
60758	TREATMENT PLANT										

			C	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Robert Gagnon				B & B Property Holdings, LLC			Member		
Mailing Address Line One Mail			Mailing Add	Mailing Address Line Two			City	State	Zip Code
612 Church Street						Amston		СТ	06231
Business Phone	Extension	Fax	М	Mobile Phone Emergency Phon		Email Address			
860-530-1785		860-530-1783 86		60-303-6758		RGAGNON@COLCHES		STERCONSTRUCTION.COM	
Contact Role(s): Ad	lministrative (	Contact, Leg	al Contact, C	Owner					
Name				Organization			Job Title		
Rg Land Developem	ent, LLC								

612 Church Street Amston

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

Mailing Address Line Two

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Owner

Mailing Address Line One

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06231

State

CT

City